Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

FILED UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

2021 AUG -4 P 3: 02

Alexandria Division

MARC STOUT	Case No. 1:21-CV-896-LO/IDD (to be filled in by the Clerk's Office)		
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: (check one) Yes No)		
SGT REYES)))		
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))·)		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	MARC STOUT			
Address	30 WILLOW BRANCH PLACE			
	FREDERICKSBURG	VA	22405	
	City	State	Zip Code	
County	STAFFORD			
Telephone Number	(540) 370-6980			
E-Mail Address	FORMULAFOCUSED@GMAIL.COM			

B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

SGT REYES Name FREDERICKSBURG SHERIFF'S DEPT Job or Title (if known) 701 PRINCESS ANNE STREET Address **FREDERICKSBURG** VA 22401 Zip Code City State **SPOTSYLVANIA** County Telephone Number (540) 372-1056 E-Mail Address (if known) ✓ Individual capacity Official capacity Defendant No. 2 Name Job or Title (if known) Address City State Zip Code County Telephone Number E-Mail Address (if known) Individual capacity Official capacity

	Defendant No. 3			
	Name			
	Job or Title (if known)			
	Address			
		City	State	Zip Code
	County			
	Telephone Number			
	E-Mail Address (if known)			
		Individual capacity	Official capa	acity
	Defendant No. 4			
	Name			
	Job or Title (if known)			
	Address			
		City	State	Zip Code
	County			
	Telephone Number			
	E-Mail Address (if known)			
		Individual capacity	Official capa	city
Ва	sis for Jurisdiction			
im <i>Fe</i>	nder 42 U.S.C. § 1983, you may sue stat munities secured by the Constitution an aderal Bureau of Narcotics, 403 U.S. 386 institutional rights.	d [federal laws]." Under Bive	ens v. Six Unknowi	Named Agents of
A.	Are you bringing suit against (chec	k all that apply):		
	Federal officials (a Bivens claim)			
	State or local officials (a § 19	83 claim)		
B.	Section 1983 allows claims alleging the Constitution and [federal laws] federal constitutional or statutory of FIRST AMENDMENT/ FREE SPE FOURTH AMENDMENT/ SUBJECT FOURTEENTH AMENDMENT/ DEFOURTEENTH AMENDMENT/ DEFOURTEENTH AMENDMENT/ DEFOURTEENTH AMENDMENT/ DEFOURTEENTH AMENDMENT/ DEF	J." 42 U.S.C. § 1983. If you right(s) do you claim is/are be ECH, FREE EXPRESSION FIED WITHOUT PROBABLE (CTED TO MALICIOUS PROS	are suing under secting violated by state RETALIATION; CAUSE; ECUTION;	ction 1983, what
C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what const			

officials?

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed. THE DEFENDANT WAS A UNIFORMED AND EMPLOYED SHERIFF'S DEPUTY AND IDENTIFIED HIMSELF AS SUCH
III.	Staten	nent of Claim
	alleged further any cas	is briefly as possible the facts of your case. Describe how each defendant was personally involved in the di wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	Where did the events giving rise to your claim(s) occur? FREDERICKSBURG, VA COURTHOUSE LOCATED ON PRINCESS ANNE STREET
	B.	What date and approximate time did the events giving rise to your claim(s) occur? OCTOBER 30, 2020 BETWEEN 8:00 A.M 4:00 P.M.
	C.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) SEE ATTACHED "STATEMENT OF CLAIM III. C."

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

LOSS OF DIGNITY;

LOSS OF PRIVACY;

LOSS OF STATUS AND SUPERIORITY - CITIZENS OUTRANK THE POLICE;

SEVERE FRIGHT;

SEVER ANXIETY;

SEVERE PARANOIA;

SEVERE DISTRUST:

MENTAL AND EMOTIONAL ANGUISH

SUBJECTED TO WEIGHT AND BURDEN OF CRIMINAL-JUSTICE SYSTEM

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

GENERAL COMPENSATORY DAMAGES IN THE AMOUNT OF \$100,000 - SEE "INJURIES" ABOVE AND ATTACHED "STATEMENT OF CLAIM III. C."

PUNITIVE DAMAGES IN THE AMOUNT OF \$100,000 - THE DEFENDANT ACTED WITH CALLOUS DISREGARD FOR MARC STOUT'S CONSTITUTIONAL RIGHTS

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	07/25/2021		
Si	Signature of Plaintiff	ISI 2	2000	<u> </u>
	Printed Name of Plaintiff	MARC STOUT		
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			